

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	32	2/1
FORMALITY REVIEW	<i>request</i>	925	02-20-01
RESPONSE FORMALITY REVIEW	R.B.	107C	05/18/01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	02/20/01
2	✓	✓	02/20/01
3	✓	✓	02/20/01
4	✓	✓	02/20/01
5	✓	✓	02/20/01
6	✓	✓	02/20/01
7	✓	✓	02/20/01
8	✓	✓	02/20/01
9	✓	✓	02/20/01
10	✓	✓	02/20/01
11	✓	✓	02/20/01
12	✓	✓	02/20/01
13	✓	✓	02/20/01
14	✓	✓	02/20/01
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

(REVERSE)

Best Available Copy